

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>			<b>Complete if Known</b>		
			Application Number	<b>10/046,575</b>	
			Filing Date	<b>January 16, 2002</b>	
			First Named Inventor	<b>Nishizumi NISHIMUTA</b>	
			Art Unit	<b>1612</b>	
Examiner Name	<b>FAY, ZOHREH A</b>				
Sheet	1	of	Attorney Docket Number		<b>1018995-000452</b>

U.S. PATENT DOCUMENTS						
Examiner Initials <sup>1</sup>	Cite No. <sup>1</sup>	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)				
		US-				
		US-				
		US-				

FOREIGN PATENT DOCUMENTS							
Examiner Initials <sup>1</sup>	Cite No. <sup>1</sup>	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup> Kind Code <sup>5</sup> (if known)				

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials <sup>*</sup>	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
/ZF/		ELLIS et al., "International Consensus Conference on Atopic Dermatitis II (ICCAD II*): clinical update and current treatment strategies", British Journal of Dermatology, 148 (Suppl. 63), pgs. 3-10, 2003.	
/ZF/		COHEN et al., "Diagnosis and Treatment of Rosacea", JABFP, Vol. 15, No. 3, pgs. 214-217, May-June 2002.	
/ZF/		CULP et al., "Rosacea: A review", P&T, Vol. 34, No. 1, pgs. 38-45, January 2009.	
/ZF/		LEUNG et al., "Disease Management of Atopic Dermatitis: an Updated Practice Parameter", Annals of Allergy, Asthma & Immunology, Vol. 93, pgs. S1-S21, September 2004.	

Examiner Signature	/Zohreh Fay/ (02/10/2010)	Date Considered	
-----------------------	---------------------------	--------------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.